

ACORD						AUTOMOBILE LOSS NOTICE						DATE (mm/dd/yy)	
PRODUCER			PHONE (A/C, No, Ext)		COMPANY		MISCELLANEOUS INFO (Site & location code)						
Charlson - Wilson Ins Agency					Berkshire Hathaway		Paula Opal - Claims Specialists II - 800-356-5750, ext 3497						
P. O. Box 1989					Homestate Company		direct # 402-916-3497					CAT #	
Manhattan, KS 66502					POLICY NUMBER		email: claims@nationalindemnity.com						
					02apm007372-01		email: pjopal@nationalindemnity.com						
CODE:		SUB CODE:		EFF DATE		EXP DATE		D/O/A and Time		<input type="checkbox"/> AM		PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID:				8/1/2016		8/1/2017				<input type="checkbox"/> PM		<input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURED						CONTACT		<input type="checkbox"/> CONTACT INSURED					
NAME AND ADDRESS						NAME AND ADDRESS						WHERE TO CONTACT	
State of Kansas - Kansas State Fleet						Department:							
						Contact Name:							
RES PHONE (A/C, No)		BUS PHONE (A/C, No, Ext)		RES PHONE (A/C, No)		BUS PHONE (A/C, No, Ext)		WHEN TO CONTACT					
LOSS													
LOCATION OF ACCIDENT (Include city & state)						AUTHORITY CONTACTED:				VIOLATIONS/CITATIONS			
						REPORT #:							
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)													
INSURED VEHICLE													
VEH #		YEAR		MAKE: Int'l		BODY TYPE:		PLATE NUMBER		STATE			
				MODEL:		V.I.N.:							
OWNER'S NAME & ADDRESS								RESIDENCE PHONE (A/C, No.):					
								BUSINESS PHONE (A/C, No, Ext):					
DRIVER'S NAME & ADDRESS (Check if same as owner) <input type="checkbox"/>								RESIDENCE PHONE (A/C, No.):					
								BUSINESS PHONE (A/C, No, Ext):					
RELATION TO INSURED		D/O/B		DRIVER'S LICENSE NUMBER		STATE		PURPOSE OF USE		USED WITH PERMISSION?			
										<input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIBE DAMAGE			EST AMNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?		OTHER INS ON VEHICLE				
PROPERTY DAMAGED													
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						COMPANY OR AGENCY NAME:							
						OTHER VEH/PROP INS?				POLICY #:			
						<input type="checkbox"/> YES <input type="checkbox"/> NO							
OWNER'S NAME & ADDRESS								RESIDENCE PHONE (A/C, No.): 0					
								BUSINESS PHONE (A/C, No, Ext):					
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner) <input type="checkbox"/>								RESIDENCE PHONE (A/C, No.):					
								BUSINESS PHONE (A/C, No, Ext):					
DESCRIBE DAMAGE			EST AMNT		WHERE CAN DAMAGE BE SEEN?								
			800-488-2930										
INJURED													
NAME & ADDRESS						PHONE (A/C, No)		PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY	
WITNESSES OR PASSENGERS													
NAME & ADDRESS						PHONE (A/C, No)		INS VEH	OTH VEH	OTHER (Specify)			
REMARKS (Include adjuster assigned)													
REPORTED BY					REPORTED TO					SIGNATURE OF PROD / INSD			